U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only						
REA	D THE INSTRUCTIONS CAREF	ULLY BEFOR	E PREPARING THIS	REPORT.		
E SOPOR						
man de fanta ()						
1. File Number U - 11165		2. Fiscal	2. Fiscal Year Covered From:			
s		1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.		4. Name, file number, and address of labor organization.				
Name Thomas F Me	elton, Sr	Name	Name IBEW, Local Union 38			
		Labor	Labor Organization File Number 008497			
P.O. Box, Bldg., Room No., if any		P.O. B	P.O. Box, Building and Room Number, if any			
Street 4056 Winton Park Dr.		Street	Street 1590 East 23rd St.			
City North Olmsted		City	City Cleveland			
State Ohio	ZIP Code + 4 44070	State	Ohio	and the second continued and the second of t	ZIP Code + 4	44114
5. Position in labor organization. Executive Board Member						
	, reserve constantial constant					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
Name and address of Employer (including trade name, if any).		7.a. Natu	re of Interest, Transa	ction, or Income.		
Name		To the state of th				HEAVE THE CONTRACT TO SHE
Trade Name, if any:		Andrew Comments of the Comment				
P.O. Box, Bldg., Room No., if any		75.00	7.b. Amount.			
Street		7.5. Amo	unt,			
		-				
City			F			1
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State	ZIP Code + 4	Art many many many many many many many many				
State	-1 Franks van saar brook on or reasonable	gnature				
15. Signature and verification. The under submitted in this report (including the information undersigned's knowledge and belief, true,	Signed declares, under penalty mation contained in any accompactorrect, and complete. (See the	of Perjury and	ents), has been exam	ined by the signal		
15. Signature and verification. The under submitted in this report (including the information undersigned's knowledge and belief, true,	Signed declares, under penalty mation contained in any accompactorrect, and complete. (See the	of Perjury and anying docume section on pe	ents), has been exam naities in the instructi	ined by the signat ons.)	tory and is, to the	
15. Signature and verification. The under submitted in this report (including the information of the informa	Signed declares, under penalty mation contained in any accompactorrect, and complete. (See the	of Perjury and anying docume section on pe	ents), has been exam	ined by the signations.)	tory and is, to the	e best of the

Name of Person Filing		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Cleveland Electrical JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9333 Sweet Valley Drive City Cleveland State Ohio ZIP Code + 4 44125-4209	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ntion				
	11.a. Nature of such deali	ing				
10. If 9.b. or 9.c. is checked give trust or employer's name.	Training Trust pursuant to Collective Bargaining					
Name	Agreement					
Trade Name, if any:	NA distribution and distributions and distributi					
P.O. Box, Bldg., Room No., if any	vivonament of the same of the					
Street	11.b. Approximate dollar valu	ue of such dealing. \$923,753				
City	12.a. Nature of interest hel	d or income received.				
State ZIP Code + 4	Loss Wages for Int	erviews				
	12.b. Amount.	\$3,483				
		- Верхифический при верхифиче				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.					
Name						
Trade Name, if any:	*** To the report of the repor					
The Name, I will, I will, I will be a second of the second	Anadolisticos / Colla					
P.O. Box, Bldg., Room No., if any	- Annual Control					
Street	**************************************					
City	\$200 miles					
State ZIP Code + 4						
parameters (Management)	14.b. Amount of payment.					
13.b. Is the Business an Employer or Consultant ?	• • • • • • • • • • • • • • • • • • • •	Table Park				